

### Documentation of Extraordinary Barriers

1. **Case Management CSB/BHA/LGD:** \_\_\_\_\_
2. **Facility:** ☐ Catawba ☐ CSH ☐ CCCA ☐ ESH ☐ NVMHI ☐ Piedmont ☐ SVMHI ☐ SwVMHI ☐ WSH
3. **Individual's Name:** \_\_\_\_\_ **PRAIS Number:** \_\_\_\_\_
4. **Date Determined to be Discharge Ready (MM/DD/YYYY):** \_\_\_\_/\_\_\_\_/\_\_\_\_
5. **Narrative Description of Extraordinary Barriers and Why the CSB Deems them Extraordinary:**

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

- | 6. Status of<br>Extraordinary Barriers<br>(Check only those that apply)<br>KEY:<br>EX = Service exists and<br>has been identified but is<br>not currently available<br>(e.g., waiting for an<br>opening)<br>RN = Resources are not<br>currently available to<br>provide service at or<br>through the Case<br>Management CSB<br>SN = Service providers not<br>currently available | EX                       | RN                       | SN                       | SERVICE   |
|--|--------------------------|--------------------------|--------------------------|---|
|  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | OUTPATIENT - Psychiatric Services                   |
|  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | OUTPATIENT - Medication Management                  |
|  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | OUTPATIENT - Assertive Community Treatment          |
|  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | OUTPATIENT - Counseling and Psychotherapy           |
|  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | OUTPATIENT - Behavior Management (MR)               |
|  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | OUTPATIENT - Intensive SA Outpatient (SA)           |
|  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | OUTPATIENT - Case Management                        |
|  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | DAY SUPPORT - Day Treatment/Partial Hospitalization |
|  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | DAY SUPPORT - Rehabilitation                        |
|  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | DAY SUPPORT - Therapeutic Day Treatment (C/A)       |
|  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | DAY SUPPORT - Sheltered Employment                  |
|  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | DAY SUPPORT - Supported Employment - Group Model    |
|  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | DAY SUPPORT - Transitional or Supported Employment  |
|  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | DAY SUPPORT - Alternative Day Support Arrangements  |
|  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | RESIDENTIAL - Highly Intensive Services             |
|  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | RESIDENTIAL - Intensive Services                    |
|  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | RESIDENTIAL - Supervised Services                   |
|  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | RESIDENTIAL - Supportive Services                   |
|  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | RESIDENTIAL - Family Support                        |

## Documentation of Extraordinary Barriers

(continued)

Individual's Name: \_\_\_\_\_ PRAIS Number: \_\_\_\_\_

**7. Recap of  
Extraordinary Barriers  
Identified by CSB**  
(Check all that apply)

- ☐ Appropriate and affordable housing not currently available
- ☐ No guardian or legally authorized representative available
- ☐ Social supports are limited or lacking
- ☐ Required bed in nursing facility not currently available
- ☐ Required medical/physical health care services not currently available
- ☐ Required social services not currently available
- ☐ Required personal assistance not currently available
- ☐ Required assistive technology not currently available
- ☐ Does not qualify for public assistance benefits (SSI/SSDI, auxiliary grant, Medicaid)
- ☐ Application for income assistance (SSI/SSDI, auxiliary grant) not complete
- ☐ Required application for Medicaid not complete
- ☐ Required education services not currently available
- ☐ Required transportation arrangements not in available
- ☐ Legal issues not resolved
- ☐ Services not accessible because the individual has specialized service needs:
  - ☐ Forensic status
  - ☐ Dual Diagnosis - MI/SA
  - ☐ Dual Diagnosis - MI/MR
  - ☐ Triple Diagnosis - MI/MR/SA
  - ☐ Developmental disability other than mental retardation
  - ☐ Deafness or severe hearing loss
  - ☐ Blindness or severe visual impairment
  - ☐ Not ambulatory or major difficulty in ambulation
  - ☐ Unable to communicate with verbal speech
  - ☐ Traumatic brain injury
  - ☐ Dementia
  - ☐ High or extensive behavioral needs
  - ☐ High or extensive physical or personal care needs
  - ☐ Major medical condition/chronic health problem
  - ☐ Limited English proficiency (national origin minority)

**8. Other Barrier(s) Specific to the Individual:**

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## Documentation of Extraordinary Barriers

(continued)

Individual's Name: \_\_\_\_\_ PRAIS Number: \_\_\_\_\_

### 9. Specific Steps Being Taken by CSB to Address Identified Barriers:

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10. Anticipated Discharge Date (MM/DD/YYYY): \_\_\_\_/\_\_\_\_/\_\_\_\_

### 11. Completed by:

_____	_____	_____	____/____/____
Signature	Credentials	Title	Date (MM/DD/YYYY)

**Submit this information to the following within 30 days of Date Determined Discharge Ready:**

Director of the Facility identified in #2

Commissioner of DMHMRSAS